

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	gmc		9/18/01
O.I.P.E. CLASSIFIER		10	9-22-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	gmc	859	10-24-00

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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